



**DEPARTMENT OF PUBLIC SAFETY
MISSISSIPPI JUSTICE INFORMATION CENTER**

Activation Form

Agency ORI: _____ **Agency Name:** _____

Please TYPE or PRINT the name of the NCIC Operator(s) recently hired by your department. This information will be used to assign personnel USER IDs to use the system. Please indicate below if the training the personnel will receive will be for FULL, INQUIRY, or MOBILE. This form must be completed within five (5) days of employment.

NOTE: Certification information should be submitted on the Certification Form.

Operator Name	Activation Date	Full/Inquiry/Mobile

NOTE: Access will be granted to the system for six (6) months from the activation date. FULL access will only be granted to employees IF and ONLY IF the TAC Officer for the agency has FULL access. If the User is not certified within the six (6) months, their ACCESS WILL BE REVOKED.

As the TAC Officer for this agency, I am training the individual(s) listed above.

Signature of TAC Officer

USER ID

Date